

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Citizens United Political Victory Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00295527         </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Strategic Media Placement</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">           MM / DD / YYYY            05 / 29 / 2014         </div>	
Mailing Address 7669 Stagers Loop		Amount <div style="border: 1px solid black; padding: 2px;">           100000.00         </div>	
City Delaware	State OH	Zip Code 43015	<b>Transaction ID : B497385</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">           MM / DD / YYYY            05 / 28 / 2014         </div>
Purpose of Expenditure Television ad buy supporting Chris McDaniel. Ad airs May 29th to June 3rd.		Category/Type <div style="border: 1px solid black; padding: 2px;">           004         </div>	
Name of Federal Candidate Chris McDaniel		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">         294456.00       </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____

Full Name of Payee <b>Doug Wallick</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">           MM / DD / YYYY            05 / 29 / 2014         </div>	
Mailing Address 13608 Wendover Road		Amount <div style="border: 1px solid black; padding: 2px;">           900.00         </div>	
City Silver Spring	State MD	Zip Code 20905	<b>Transaction ID : B497386</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">           MM / DD / YYYY            05 / 28 / 2014         </div>
Purpose of Expenditure TV ad production - grip and lighting. Ad supports Chris McDaniel and airs May 29th to June 3rd.		Category/Type <div style="border: 1px solid black; padding: 2px;">           004         </div>	
Name of Federal Candidate Chris McDaniel		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">         294456.00       </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">         100900.00       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px;">         _____       </div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">         _____       </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kevin Allen

[Electronically Filed]

Date

MM / DD / YYYY  
 05 / 30 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 3  
FOR SE OF FORM 24/48

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Favio Claire</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 29 / 2014</b>	
Mailing Address <b>11509 Veirs Mill Road</b>		Amount <b>650.00</b>	
City <b>Silver Spring</b>	State <b>MD</b>	Zip Code <b>20814</b>	Transaction ID : <b>B497387</b>
Purpose of Expenditure TV ad production - audio. Ad supports Chris McDaniel and airs May 29th to June 3rd.		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 28 / 2014</b>
Name of Federal Candidate <b>Chris McDaniel</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b>
Calendar Year-To-Date Per Election for Office Sought <b>294456.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Telescript DC Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 29 / 2014</b>	
Mailing Address <b>4938 Hampden Lane #348</b>		Amount <b>406.00</b>	
City <b>Bethesda</b>	State <b>MD</b>	Zip Code <b>20814</b>	Transaction ID : <b>B497388</b>
Purpose of Expenditure TV ad production - teleprompter. Ad supports Chris McDaniel and airs May 29th to June 3rd.		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 28 / 2014</b>
Name of Federal Candidate <b>Chris McDaniel</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b>
Calendar Year-To-Date Per Election for Office Sought <b>294456.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>1056.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Kevin Allen

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Carolyn Marie Sewer</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 29 / 2014
Mailing Address 18805 Walker's Choice Road		Amount 300.00
City Montgomery Village	State MD	Zip Code 20886
Purpose of Expenditure TV ad production - make up. Ad supports Chris McDaniel and airs May 29th to June 3rd.	Category/ Type 004	Transaction ID : B497389 Date of Disbursement or Obligation MM / DD / YYYY 05 / 28 / 2014
Name of Federal Candidate Chris McDaniel	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 294456.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>The Strategy Group for Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 29 / 2014
Mailing Address 7669 Stagers Loop		Amount 7250.00
City Delaware	State OH	Zip Code 43015
Purpose of Expenditure Television ad production. The ad supports Chris McDaniel and airs May 29nd to June 3rd.	Category/ Type 004	Transaction ID : B497384 Date of Disbursement or Obligation MM / DD / YYYY 05 / 29 / 2014
Name of Federal Candidate Chris McDaniel	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 294456.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7550.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	109506.00

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